SCANNED AUG 1 9 2013

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

OMB No 1545-0047 Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	2012 calendar year, or tax year beginning and	ending	_	
В	heck if pplicable	C Name of organization INDEPENDENT BANKERS ASSOCIATION OF TE	XAS	D Employer identifie	cation number
Г	Addres change		21110		
	Name change		· · · · · · · · · · · · · · · · · · ·	74-2	791631
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termin ated	1700 KIO GRANDE SI.	100	_(512	<u>)474-6889</u>
<u> </u>	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	260,598.
L	Applica tion pendin	LAUSIIN, IX 70701		H(a) is this a group re	
		F Name and address of principal officer SCOTT HETTKAMP		for affiliates?	Yes No
_		SAME AS C ABOVE	137	H(b) Are all affiliates inc	
			or X 527	–	list. (see instructions)
		e: ► N / A organization: Corporation Trust Association X Other ► PAC	1 I Vee	H(c) Group exemption	
		organization: Corporation Trust AssociationX Other ▶ PAC Summary	. L Year	ror formation: 19/0 N	State of legal domicile: TX
		Briefly describe the organization's mission or most significant activities TO F	ושתיווי	R THE THOEDE	NDENT
Activities & Governance	' '	BANKERS ASSOCIATON OF TEXAS BY SUPPORTIN	IG POL	TTTCAL CAMPA	TGNS.
na		Check this box if the organization discontinued its operations or disposition			
Ş		Number of voting members of the governing body (Part VI, line 1a)	osca oi moi	3	32
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	32
es e		Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
VIEW		Total number of volunteers (estimate if necessary)		6	132
ct		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	bi	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		204,188.	260,598.
enr	1	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<48,185.>
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		204,188.	212,413.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	147,750.	196,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	·	0.	0.
Seu		Professional fundraising fees (Part IX, column (A), line 11e)	o. -	U • 1	0.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25)		11,181.	8,346.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		158,931.	204,346.
	19	Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) Revenue less expenses Subtract line 18 feet line 12 C. C.	-	45,257.	8,067.
or es		To the reason of	B	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16) AUG 1 2 2013	F	243,470.	251,537.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
캺	22	Net assets or fund balances Subtract line 21 from line 20,		243,470.	251,537.
P	art II	Signature Block UGUEN, U1	•		
		ities of persury I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true	, correc	t, and complete. Declarati on of pr on arer (other than officer) is based on all information of w	vhich prepare		
		Miltetaling		7/28/13	<u> </u>
Sig	n	Signature of officer		Date	
Her	e	SCOTT HEITKAMP, CHAIRMAN			
		Type or print name and title		Date Check	TT DTIN
Da!	,	Print/Type preparer's name Preparer's signature		Ones.	PTIN
Paid		RONALD H. REYNOLDS Conale Con	ush	07/19/13 of self-employs	P00964479
	parer Only	Firm's name REYNOLDS & FRANKE, P.C.	7 7 5 0	Fırm's EIN	74-2516372
USE	Only	Firm's address 6836 AUSTIN CENTER BLVD., SUITE AUSTIN, TX 78731	4 Z3U	Dhana na /	512) 206-3141
Mar	the IE	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	,	diodeo di lo retain mar trie preparer showir above. (see instructions)			الاللياة وعالضا

		l-2791631 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	
•	TO FURTHER THE EFFORTS OF THE INDEPENDENT BANKERS ASSOCIAT	ON OF TEXAS
	BY SUPPORTING POLITICAL CAMPAIGNS.	<u> </u>
	DI DOITORTING TODITICAD CAMPATGNO:	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	☐ Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$) (Revenue \$))
	TO SUPPORT THE CAMPAIGNS OF CANDIDATES WHO LOOK TO FURTHER	THE EFFORTS
	OF THE INDEPENDENT BANKERS OF TEXAS	
		
4b	(Code) (Expenses \$	
		
4c	(Code) (Expenses \$) (Revenue \$))
		
		. ,
4d	Other program services (Describe in Schedule O)	
-	(Expenses \$ including grants of \$) (Revenue \$	1
4e		
-+6	Total program service expenses	

Page 3

	INDEFENDENT BANKERS ASSOCIATION OF TEXAS			
	990 (2012) PAC 74-2791 t IV Checklist of Required Schedules	631	Р	age 3
٠٠٠	The following of Floquines contracted		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	NO
•	If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	 -		
	public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- <u>Ŭ</u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	, ;	1 1	
	as applicable	I _^, `	1	/
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		١,,
	Schedule D, Parts XI and XII	12a	-	Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		l	х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	 	-^
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		1
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"	\vdash	 ^
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	┝╬	 ^* -	
.5	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	<u> </u>

Form 990 (2012) PAC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	0Ea		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u></u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		х	
35a		34 35a		X
b		334		 ^
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\vdash
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

PAC 74-2791631 Form 990 (2012) Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Part V

	Check it Schedule O contains a response to any question in this Part v					ـــــــــــــــــــــــــــــــــــــــ
			ا به		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	2 %		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	. 0	k		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and resemble of the complete of t	eportal	ole gaming		x	*** ^~
•	(gambling) winnings to prize winners?		•	1c	<u> </u>	,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	U	~		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined. If the prime of lines 1a and 2a is greater than 250 years are the required to 2 file (and material).			2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3a		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	thy over a	3b		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х
h	If "Yes," enter the name of the foreign country.	accour	11,7	4a		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Δοσουι	nte			,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accour	ito.	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action i		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he oraz	anization solicit			_
	any contributions that were not tax deductible as charitable contributions?	0.90		6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r aifts			
	were not tax deductible?		3	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	•	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	$ \label{eq:discrete_problem} $	contrac	et?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h_		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		-		-	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tım	e during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		┞—
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter.	ا مدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b] .
11	Section 501(c)(12) organizations. Enter:	امددا				•
	Gross income from members or shareholders	11a				
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			4	
199	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	<u> </u>	12a	-	-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_ 1217	l	'		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		t
	Note. See the instructions for additional information the organization must report on Schedule O.			,,,,,	,	<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			;	,	
_	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		1		
	Did the organization receive any payments for indoor tanning services during the tax year?		_	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	<u> </u>	14b		
				Γ	000	(0040)

Form 990 (2012)

74-2791631

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 32 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 32 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. URSULA JIMENEZ - (512)474-6889 1700 RIO GRANDE ST., SUITE 100, AUSTIN, 78701

Form 990 (2012) PAC 74-2791631

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

` Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

(A)	(B)	Ī		((2)			(D)	(E)	(F)
Name and Title	Average hours per	box	, unle	Posi heck i ss pei	rtion more rson	than s bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SCOTT HEITKAMP	1.00	,,	ļ	١,,					•	
CHARIMAIN (2) RONALD E. ABBOTT	1 00	X		Х	<u> </u>	┡	<u> </u>	0.	0.	0.
(2) RONALD E. ABBOTT MEMBER	1.00	x				ĺ	l	0.	0.	0.
(3) LAWSON ALLEN	1.00	<u> </u>	┝	-	-	┢	-		0.	<u> </u>
MEMBER	1.00	Х						0.	0.	0.
(4) BRANDON BARTEK	1.00	 			-	 	<u> </u>	-		
MEMBER		X					l	0.	0.	0.
(5) MICAH BOLES	1.00						_			
MEMBER		Х				ŀ		0.	0.	0.
(6) LANNY BRENNER	1.00									
MEMBER		X						0.	0.	0.
(7) ANGIE BROWN	1.00									,
MEMBER		X						0.	0.	0.
(8) BRAD CURLEE	1.00	[
MEMBER		X						0.	0.	0.
(9) CHRISTOPHER DOYLE	1.00		İ						_	
MEMBER	1 00	X				<u> </u>	<u> </u>	0.	0.	0.
(10) DAVID FULLER	1.00									
MEMBER	1 00	X	_			_	<u> </u>	0.	0.	0.
(11) CURTIS GRIFFITH MEMBER	1.00	Į.,							0	_
(12) ISRAEL HINOJOSA	1.00	Х				 		0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(13) JOHN JAY	1.00	<u> </u>		-	_		 	- 0.	0.	0.
MEMBER	1.00	X						0.	0.	0.
(14) RUSSELL MARSHALL	1.00	<u> </u>	\vdash			╁	┢	0.	0.	0.
MEMBER		x						0.	0.	0.
(15) JULIE MAYRANT	1.00			<u> </u>						
MEMBER		Х				Ì		0.	0.	0.
(16) KEVIN MONK	1.00									
MEMBER		X	L		L			0.	0.	0.
(17) MICHAEL MONTGOMERY	1.00									
MEMBER	<u> </u>	X				<u> </u>		0.	0.	0.

Form 990 (2012)

Page 7

Form 990 (2012) PAC								<u> </u>	74-27	91	631	. Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	ıd Hi	ighe	st C	compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not cl , unle:	Pos heck ss p	C) sition more erson directo	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		l	(F) stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Insututional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	npensa from the ganizat nd relate janizate	e Ion ed
(18) MICHAUX NASH MEMBER	1.00	X						0.	(0.			0.
(19) JEFF NUNN MEMBER	1.00	х						0.		0.			0.
(20) CLIFTON PAYNE MEMBER	1.00	x						0.		0.			0.
(21) RILEY PEVETO MEMBER	1.00	х						0.		0.			0.
(22) ZAN PRINCE MEMBER	1.00	x						0.		0.			0.
(23) JIMMY RASMUSSEN MEMBER	1.00	x		_				0.		0.			0.
(24) TROY ROBINSON MEMBER	1.00	x						0.		o.			0.
(25) BRUCE TAYLOR MEMBER	1.00	x						0.		0.			0.
(26) ROBB TEMPLE MEMBER	1.00	X					_	0.		0.	_	<u> </u>	0.
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	122	<u> </u>	<u>-</u>	1	> > >	<u> </u>	0.		0. 0.			0.
 Total number of individuals (including but necompensation from the organization 	ot limited to th	nose	liste	ed a	abov	e) wl	ho r	eceived more than \$100	,000 of reportable				0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	еу е	mplo	oyee	, or	highest compensated e	mployee on		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							relat	ted organization or indivi	dual for services		5		
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	den	ende	ent e	cont	racto	ors t	that received more than	\$100,000 of comp	ens	ation	from	
the organization. Report compensation for								n the organization's tax	•	-			
Name and business	address	N	INC	E				(B) Description of s	ervices			C) ensatio	n
												<u></u>	
						···						· · · <u> </u>	
2 Total number of independent contractors (i		not li	mıte	ed to		_	sted	d above) who received m	nore than				
\$100,000 of compensation from the organi SEE PART VII, SECTION		ΓII	VUZ	ΑТ		0 N :	SH	EETS			Form	990 c	2012)

PA

Form 990

74-2791631

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) (E) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee organization (W-2/1099-MISC) (list any Individual trustee or director from the hours for (W-2/1099-MISC) organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) GLEN THURMAN 1.00 0. MEMBER Х 0. 0. (28) BRAD TIDWELL 1.00 MEMBER Х 0. 0. 0. 1.00 (29) GREG TODD 0. MEMBER X 0. 0. (30) GARY WELLS 1.00 MEMBER X 0. 0. 0. (31) JEFFREY WILKINSON 1.00 MEMBER Х 0. 0. 0. (32) J. DAVID WILLIAMS 1.00 X MEMBER 0. 0. 0. Total to Part VII, Section A, line 1c

INDEPENDENT BANKERS ASSOCIATION OF TEXAS PAC 74-2791631 Form 990 (2012) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues 163,835. c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 96,763. 1f 48,185. g Noncash contributions included in lines 1a-1f \$ <u>260,5</u>98. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 163,835. of contributions reported on line 1c) See 0 Part IV, line 18 48,185 **b** Less. direct expenses <48,185. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 212,413. Total revenue. See instructions. Form 990 (2012)

Page **10**

Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response to any question in this Part IX (B) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 196,000 the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages R Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees). Management Legal b 1,705. Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 3,288 13 Office expenses 9 14 Information technology 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,064. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,280. PROMOTIONS b C ď All other expenses 204,346. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

INDEPENDENT BANKERS ASSOCIATION OF TEXAS Form 990 (2012) 74-2791631 Page 11 Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 243,470. 1 Cash - non-interest-bearing 1 251,537. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other

	14	Intangible assets	L	14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	243,470.	16		251,537.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			,	47
jabi	l	key employees, highest compensated employees, and disqualified persons.			< >	<i>\$</i> \$
=	1	Complete Part II of Schedule L		22		•
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		

10a

10b

basis. Complete Part VI of Schedule D

Investments - publicly traded securities

Total liabilities. Add lines 17 through 25

Investments - other securities See Part IV, line 11

Investments - program-related. See Part IV, line 11

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

b Less accumulated depreciation

11

12

13

Schedule D

26

27

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

O ■ 31

30Capital stock or trust principal, or current funds0.300.31Paid-in or capital surplus, or land, building, or equipment fund0.310.32Retained earnings, endowment, accumulated income, or other funds243,470.32251,537.33Total net assets or fund balances243,470.33251,537.

Total net assets or fund balances 243,470 · 33 251,537 · Total liabilities and net assets/fund balances 243,470 · 34 251,537 · Form 990 (2012)

0.

10c

11

12

13

25

26

0.

Net Assets or Fund Balances

	1 990 (2012) PAC	74-2793	1631	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>67.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24:	3,4	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	25:	1,5	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		-		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Cash Corual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		,	
	separate basis, consolidated basis, or both:		1 1		~
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	\$ ³		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	.,	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		3a		Ŷ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LHA

232041 01-07-13

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section	501(c)(4), (5), or (6) organiza					
Name of org	ganization INDEPEN	IDENT BANKERS AS	SOCIATION OF	TEXAS	Employer	identification number
	PAC					4-2791631
Part I-A	Complete if the or	ganization is exempt ur	ider section 501(c)	or is a section	527 orgai	nization.
	al expenditures	zation's direct and indirect poli	tical campaign activities	ın Part IV.	▶ \$	196,000. 147.
Part I-B	Complete if the or	ganization is exempt ur	der section 501(c)	(3).		
1 Enter t		incurred by the organization u		(0).	▶ \$	
	•	incurred by organization mana		5	▶ \$	
	•	on 4955 tax, did it file Form 472	•	-	· · · —	Yes No
	correction made?	·	,			Yes No
b If "Yes	," describe in Part IV.					
Part I-C	Complete if the or	ganization is exempt ur	nder section 501(c)	, except section	n 501(c)(3).
1 Enter t	he amount directly expende	d by the filing organization for	section 527 exempt fund	ction activities	▶\$	
2 Enter t	he amount of the filing orga	nization's funds contributed to	other organizations for s	section 527		
exemp	t function activities				▶\$	
3 Total e	xempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,		
line 17					▶ \$	
	e filing organization file Form					☐ Yes ☐ No
made į contrib	payments. For each organizations received that were p	mployer identification number (ation listed, enter the amount p romptly and directly delivered t additional space is needed, pr	aid from the filing organi o a separate political org	ization's funds. Also ganization, such as a	enter the an	nount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizati funds If none, er	on's conter -0	e) Amount of political ntributions received and promptly and directly elivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2012	PAC		FALL VAN LEI	74-2	791631 F	⊃age 2	
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and file	ed Form 5768			
(election under sec							
		-	n Part IV each affiliated	group member's nan	ne, address, EiN	1,	
, []	e of excess lobbying	•					
B Check ► L if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		T		
Limit	ts on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated (group	
(The term "expend	ditures" means amoi	unts paid or incurred.)	totals	totais		
1a Total lobbying expenditures to influ	uence public opinion (arass roots lobbying)	· ·,				
b Total lobbying expenditures to influ	•						
c Total lobbying expenditures (add li	-	-, (e,					
d Other exempt purpose expenditure							
e Total exempt purpose expenditure		d)					
f Lobbying nontaxable amount Enter	•	•	h columns		1		
If the amount on line 1e, column (a) o		bying nontaxable am					
Not over \$500,000		the amount on line 1e	ount is.				
Over \$500,000 but not over \$1,000							
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc		` ` ` * ^	,		
Over \$1,500,000 but not over \$17,		00 plus 5% of the exce					
Over \$17,000,000	\$1,000		<u>35 0νει φ1,300,000.</u>		1	*	
<u> </u>	Ι Ψ1,000,	000.			.		
g Grassroots pontaxable amount (en	rassroots nontaxable amount (enter 25% of line 1f)						
h Subtract line 1g from line 1a. If zer	•				· · · · · ·		
i Subtract line 1f from line 1c. If zero	· ·				 		
j If there is an amount other than ze	•	line 11 did the organiz	ation file Form 4720		1		
reporting section 4911 tax for this		ine ii, did the organiz	ation lie roim 4720	1	Yes	□ No	
reporting section 4511 tax for this		eraging Period Under	Section 501(h)			140	
(Some organiz			n do not have to com	olete all of the five			
			es 2a through 2f on pa				
		nditures During 4-Yea			<u> </u>		
				*	1		
Calendar year	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Tota	ıl	
(or fiscal year beginning in)		''	. ,	, ,			
	 -						
2a Lobbying nontaxable amount							
b Lobbying ceiling amount				·			
(150% of line 2a, column(e))							
, , , , , , , , , , , , , , , , , , , ,					1	-	
c Total lobbying expenditures							
					1	-	
d Grassroots nontaxable amount							
e Grassroots ceiling amount					1	-	
(150% of line 2d, column (e))					1		

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

74-2791631 Page 3

Schedule C (Form 990 or 990-EZ) 2012 PAC 74-279163

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 Do lo or a Vo b Pa c M d M e Po f G g Do h Ra i O j To	uring the year, did the filing organization attempt to influence foreign, national, state or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: blunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? ailings to members, legislators, or the public?	Yes	No	Amo	ount
loo or a Vo b Po c M d M e Po f Go g Do h Ro i O	cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: plunteers? and staff or management (include compensation in expenses reported on lines 1c through 1)? edia advertisements?	***	- marana		
or a Vo b Pa c M d M e Po f Ga g Do h Ra i O	referendum, through the use of: blunteers? and staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements?		an or an to		
a Volume Port Gillian	olunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements?				
b Pa c M d M e Pu f G g D h Ra i O	aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements?		1		
c M d M e Pu f G g Di h Ra i O	edia advertisements?				
d M e Pu f G g D h Ra i O j To				,	
e Po f Gi g Di h Ri i O' j To	ailings to members, legislators, or the public?				
f Gi g Di h Ri i O			<u> </u>	-	
g Di h Ri i O' j To	ublications, or published or broadcast statements?		<u> </u>		
h Ra i Oʻ j Toʻ	rants to other organizations for lobbying purposes?				
i Oʻ j Toʻ	rect contact with legislators, their staffs, government officials, or a legislative body?]		
j To	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<u> </u>		
	ther activities?				
2a D	otal. Add lines 1c through 1i				
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If	"Yes," enter the amount of any tax incurred under section 4912	1			
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part I		ion 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
	ere substantially all (90% or more) dues received nondeductible by members?		1	_	<u> </u>
2 D	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u></u>
	d the organization agree to carry over lobbying and political expenditures from the prior year?		3		<u> </u>
Part I					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	1 "No," O	R (b) Par	t III-A, lii	ne 3, is
1 D	ues, assessments and similar amounts from members		1		
2 S	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit	ical			
	openses for which the section 527(f) tax was paid).				
aС	urrent year		2a		
b C	arryover from last year		2b		
	otal		2c		
3 A	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	pes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	spenditure next year?	,	4		
	axable amount of lobbying and political expenditures (see instructions)		5		
art I				L	
omple	te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, F	Part II-A (affu	liated group	list) Part I	I-A line 2
	t II-B, line 1. Also, complete this part for any additional information.		a.ou g.oup	,,	.,
	I-A, LINE 1:				
O F	URTHER THE EFFORTS OF THE INDEPENDENT BANKERS AS	SOCIAT	ON OF	TEXAS	
S YE	UPPORTING POLITICAL CAMPAIGNS.				
					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. INDEPENDENT BANKERS ASSOCIATION OF TEXAS

Employer identification number

PAC					74-2791	631
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Pablif "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of i ion of g fundra (includ	non-ga govern using a ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				-		
V 81-						
'atal		<u> </u>				
Total List all states in which the organization or licensing	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from r	Iegistration
of ilicertaining	·					
7.7						
		_				
14						
				·		
, ₍₎				·		
	*					

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through AUCTION DV TICKETS 3 col (c)) (event type) (event type) (total number) 108,985. 27,190. 27,660. 163,835. Gross receipts 108,985 27,190. 27,660 163,835. 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes 4 48,185 48,185. Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 7 8 Entertainment Other direct expenses 48,185 10 Direct expense summary. Add lines 4 through 9 in column (d) <48,185 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes b If "Yes," explain:

74-2791631 Page 2

Schedule G (Form 990 or 990-EZ) 2012 PAC

Sch	edule G (Form 990 or 990-EZ) 2012 PAC	<u>74-2</u>	791631	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in	ļ		
a	The organization's facility	;	13a	%
t	An outside facility		13b	 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
	Name >			
	Address ▶	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	ınt		
	of gaming revenue retained by the third party >\$			
C	If "Yes," enter name and address of the third party			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided ▶			
	Description of services provided -			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		└─ Yes	└─ No
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
<u> </u>	organization's own exempt activities during the tax year ▶ \$			
Pē	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns 9, 9b, 10b, 15b, 15c, 15c, and 17b, as applicable. Also complete the provide are addressed as			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	mation	(see instru	ctions)
				_,
_				
_				
_				
2320	83 01-07-13 Schedule	G (Form	990 or 99	D-EZ) 2012

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Inspection Open to Public OMB No 1545-0047 2012

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

² [Employer identification number 74-2791631(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. INDEPENDENT BANKERS ASSOCIATION OF TEXAS recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant (c) IRC section if applicable General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)

PAC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

74-2791631

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance °. 196,000. (c) Amount of cash grant (b) Number of recipients 164 (a) Type of grant or assistance POLITICAL CONTRIBUTION

Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2012
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

INDEPENDENT BANKERS ASSOCIATION OF TEXAS
PAC

Employer identification number 74-2791631

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g tems contributed X ESTIMATED RETAIL VAL 1.494.Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications X 4,156. ESTIMATED RETAIL 5 Clothing and household goods X 1,240. ESTIMATED RETAIL 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other X 4.081. ESTIMATED RETAIL 16 Collectibles 18 X 12 6,739. ESTIMATED RETAIL 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 28 25,663. ESTIMATED RETAIL TRIPS X 25 Other 2,271. SPO) HUNTING & X 8 ESTIMATED RETAIL 26 Other > VAL ELECTRONICS X 4 1,128. ESTIMATED RETAIL VAL 27 Other > TRAINING X 2 1,095. ESTIMATED RETAIL VAL 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Form 990) (2012) PAC	74-2791631	Page 2
Supplemental Information. Complete this part to provide the information required by Part I, line the organization is reporting in Part I, column (b), the number of contributions, the number of items recomplete this part for any additional information.	nes 30b, 32b, and 33, an	d whether
PART I, OTHER TYPES OF PROPERTY:		
TOYS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 5		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 318.		
(D) METHOD OF DETERMINING REVENUE: ESTIMATED RETAIL VALUE		
		
	-	
		
	 .	
	····	

Schedule M (Form 990) (2012)

232142 12-20-12

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

INDEPENDENT BANKERS ASSOCIATION OF TEXAS PAC

Employer identification number 74-2791631

· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 11: THE CHAIR OF THE GOVERNING BOARD
WILL REVIEW A DRAFT OF THE TAX RETURN WITH THE PREPARING CPA. A COPY OF THE
RETURN IS SENT TO THE ENTIRE BOARD BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: EACH COMMITTEE MEMBER IS REQUIRED
TO COMPLETE, SIGN AND RETURN A DISCLOSURE POLICY AT THE BEGINNING OF EVERY
YEAR. PERIODIC REMINDERS OCCUR AT COMMITTEE MEEETINGS.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
THROUGH WRITTEN OR ORAL REQUEST.
FORM 990, PART VI, SECTION B, LINES 12, 13, 14:
SINCE IBAT PAC IS AFFILIATED WITH IBAT, THE PAC AND ITS MEMBERS ARE
FAMILIAR WITH AND FOLLOW THE CONFLICT OF INTEREST, WHISTLEBLOWER, AND
DOCUMENT RETENTION POLICIES OF IBAT.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ See separate instructions. ► Attach to Form 990.

OMB No 1545-0047

2012 Open to Public Inspection Employer identification number 74-2791631

> Part I ... Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INDEPENDENT BANKERS ASSOCIATION OF TEXAS PAC Name of the organization

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income **©** Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled entity? Ŷ × Yes Direct controlling entity status (if section Public charity 501(c)(3)) **Exempt Code** section 501(C)(6) ਉ Legal domicile (state or foreign country) <u>ق</u> TEXAS INTEREST OF INDEPENDENT PROMOTE AND PROTECT THE Primary activity <u>e</u> BANKING INDEPENDENT BANKERS ASSOCIATION OF TEXAS -75-1459906, 1700 RIO GRANDE STREET, SUITE Name, address, and EIN of related organization 78701 AUSTIN, TX 100,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

232161 12-10-12 LHA

Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

74-2791631

			e related	Section 512(b)(13) controlled entity?			-			Schedule R (Form 990) 2012
3			 ne or mor	(h) centage nership						R (Form
			because it had or	i						Schedule
			V, line 34							
		<u> </u>	 orm 990, Part I							
			ed "Yes" to Fc	(e) [ype of entity corp. S corp, or trust)						
			on answer							
			 he organizatio				_			
			mplete if t	(c) egal domicile (state or foreign country)	;					
			ration or Trust (Cc ear.)							-
	-		is a Corpo g the tax y	Prim						
			Janizations Taxable a	Z c						_
			Part IV Identification of Related Org	(a) Name, address, and Ell of related organization						232162 12-10-12
				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had or organizations treated as a corporation or trust during the tax year.)	Contract and contraction of Related Organization or frust (Complete of the organization answered "Yes" to Form 990, Part IV, Ine 34 because it had one or more relative organization of related organization of related organization of related organization of related organization of related organization of related organization and related organization of related organization of related organization of related organization and related organization of related organization and related organization of related organization and related organization of related organization and related organization of related organization of related organization and related organization or trust (Complete of the organization of related organization or trust) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more relative as a corporation or tuss during the tax year.) Identification of Related Organizations travable as a corporation or tuss during the tax year.) Identification of Related Organizations travable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more relative and early line 34 because it had one or more early line 34 because it had one or more line 34 because it had one or more line 34 because it had one or more line 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, Ine 34 because it had one or more relative programmations and EN A	Complete if the organization streated as a Corporation or Trust (Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organizations. Trust during the tax year.) Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization. Complete if the organization answered "Yea" to Form 990, Part IV, line 34 because it had one or more related organization and the part IV. III and the pa	Clearitication of Related Organizations Tazable as a Corporation or Trust (Complete if the organization answered "Ves" to Form 990, Part IV, line 34 because it had one or more relative part and the tax years of the tax years	Identification of Plates Organization Trauble as a Corporation or Trust (Complete if the organization assweed 'Yes' to Form 990, Part IV, line 34 because it had one or more relative to standard organization. Complete if the organization assweed 'Yes' to Form 990, Part IV, line 34 because it had one or more relative to the standard organization. Primary activity Inches Primary activi

Page 3

INDEPENDENT BANKERS ASSOCIATION OF TEXAS PAC

Schedule R (Form 990) 2012 P

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			į	Yes No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	***
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta x
b Gift, grant, or capital contribution to related organization(s)				₽ X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
				1e X
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				Tg X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)			- - 1	i-
k Lease of facilities, equipment, or other assets from related organization(s)				*
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			~
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			×
	ion(s)			-t
 Sharing of paid employees with related organization(s) 				4
p Reimbursement paid to related organization(s) for expenses			1	1p X
				1q X
r Other transfer of cash or property to related organization(s)				1 X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	ns line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved
(1) IBAT	×	28,902.	COST	
(2)				
(3)				
(4)				
(5)				
(6)) B elibedas	Schodula R (Form 990) 2012

74-2791631

Page 4

INDEPENDENT BANKERS ASSOCIATION OF TEXAS

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

:	(K) sentage nership																		
	or Perci			 \perp			 		 			 _		 			 _		
Ŀ	(j) General managir partner	Yes No					_			 									
	(1) (k) Code V-UBI General or Percentage amount in box 20 managing ownership of Schadlia K-1 partner? ownership	(Form 1065)																	
[(h) Disproportionate	Yes No																	\exists
ŀ	Dis tr	اع ا		 \dashv						\dashv					\dashv				\dashv
	(g) Share of end-of-year	assets																	
	(f) Share of total	ıncome																	
-	(e) Are all pariners sec 501(c)(3)	Yes No	 					 	 							 			\exists
┢	1, par	14)		 -					 -	 		\dashv					 		\dashv
	(d) Predominant income perelated, unrelated, occupant to the perelated from the perelated.	under section 512-5																	
	(c) Legal domicile (state or foreign)	country)																	
66	(b) Primary activity												: :						
ייי אמז יייטן ער יייטינים סיקעוייינים איני	(a) Name, address, and EIN of entity	,																	

Schedule R	(Form 990) 2012 PAC	<u>74-2791631</u>	Page 5
Part VII	(Form 990) 2012 PAC Supplemental Information		
	Complete the post to around additional information for your page to migration as Caledyle D. Complete	-4	
	Complete this part to provide additional information for responses to questions on Schedule R (see instru	cuons).	
•			
			
-			
		· 	
		,	

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complet				•	X					
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form).							
Do not c	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	sly filed For	m 8868.						
	i c filing (e-file). You can electronically file Form 8868 if y										
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically f	ile Form 88	868 to request an e	xtension					
of time to	ofile any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for	Transfers A	ssociated With Ce	rtain					
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details o	on the elec	tronic filing of this t	form,					
visit www	v irs gov/efile and click on e-file for Charities & Nonprofits				,						
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).							
A corpor	ation required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and	complete							
Part I on	ly				•	· 🔲					
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time						
	rome tax returns.										
Type or	Name of exempt organization or other filer, see instru			Employer	identification num	ber (EIN) or					
print											
File by the	PAC 74-2791631										
due date for filing your return See	fue date for Number, street, and room or suite no. If a P O box, see instructions. Social security number (SSN)										
instructions	City, town or post office, state, and ZIP code For a fo		ress, see instructions								
	AUSTIN, TX 78701										
Enter the	Return code for the return that this application is for (file	a senoro	to application for each return			01					
Litter tire	e heturn code for the return that this application is for the	a separa	te application for each return)								
Applicat	ion	Return	Application			Return					
ls For		Code	Is For			Code					
	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99		02	Form 1041-A	· · · · ·		08					
	20 (individual)	03	Form 4720			09					
Form 99		04	Form 5227			10					
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11					
	0-T (trust other than above)	06	Form 8870			12					
	URSULA JIMENEZ	<u> </u>									
• The b	ooks are in the care of > 1700 RIO GRANDI	E ST.	, SUITE 100 - AUST	IN, T	X 78701						
Telep	hone No. ► (512)47 4-6889		FAX No ▶								
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box								
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is foi	the whole group,	check this					
box ➤	If it is for part of the group, check this box										
1 re	equest an automatic 3-month (6 months for a corporation										
	AUGUST 15, 2013 , to file the exemp	t organıza	tion return for the organization nam	ed above	The extension						
	for the organization's return for										
	x calendar year 2012 or										
>	tax year beginning	, an	d ending		•						
2 If t	the tax year entered in line 1 is for less than 12 months, c	heck reas	on·	Final retur	n						
L	Change in accounting period										
											
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			^					
_	nrefundable credits See instructions.			3a	\$	0.					
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				Λ					
_	timated tax payments made. Include any prior year overp			3b	\$	0.					
	atance due. Subtract line 3b from line 3a Include your pa	-	•			0.					
	using EFTPS (Electronic Federal Tax Payment System).			3c	S for payment up						
	 If you are going to make an electronic fund withdrawal v For Privacy Act and Paperwork Reduction Act Notice, 			UIII 00/9-	Form 8868 (F						
		Joe mou			1 00000 (1	101. 12010)					